

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of: Bartholomew et al.

Group Art Unit: 3651

Serial No.: 09/818,077

Examiner: Tran, Khoi

Filed: March 27, 2001

For: NAIL POLISH COLOR SELECTION SYSTEM

Attorney Docket No.: 1026-001

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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GROUP 3600

RESPONSE AND AMENDMENT

In response to the Office Action mailed April 7, 2003, please amend the above-identified application as follows and consider the following remarks.

Practitioner's Docket No. 1026-001

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Julie Bartholomew et al.

Application No.: 09/818,077

Group No.: 3651

Filed: 03/27/2001

Examiner: Khoi H. Tran

For: NAIL POLISH COLOR SELECTION SYSTEM

Commissioner for Patents

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AMENDMENT TRANSMITTAL

1. Transmitted herewith is a Response and Amendment and Supplemental Information Disclosure Statement for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

*(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

X deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

with sufficient postage as first class mail.

37 C.F.R. § 1.10*

X as "Express Mail Post Office to Addressee"

Mailing Label No. EV323888199US.

Signature

Date:

06/27/03

Roni L. Masquelier

(type or print name of person certifying)

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE				ADDIT. FEE	
TOTAL	21	– 35	= 0	x	\$	18.00	=	\$	0.00
INDEP.	3	– 3	= 0	x	\$	84.00	=	\$	0.00
					+				
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					\$	0.00	=	\$	0.00
					TOTAL				
					ADDIT. FEE		\$		0.00

No additional fee for claims is required.

ADDITIONAL FEES DUE

5. Attached is the form of a check is the filing fee of \$180.00 for the Supplemental Information Disclosure Statement filed herewith.

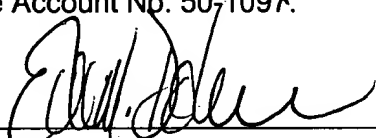
FEE DEFICIENCY

6. An additional extension and/or fee is required, charge Account No. 50-1097.

An additional fee for claims is required, charge Account No. 50-1097.

Date:

June 27, 2003


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